



*right at home.*

309 N 5<sup>th</sup> Street  
Norfolk, NE 68701  
P402-844-2010 F402-844-2001  
www.ci.norfolk.ne.us

Lyle Lutt  
Administrative Services Director

llutt@norfolkne.gov

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
Last Name First Middle Date of Birth

\_\_\_\_\_  
Current Address Social Security #

Address of Residence During Past 10 Years:

Period of Time Lived There

City County State From To

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the City of Norfolk, or any agency assisting them, whether the said records are public or private, and including those which may be deemed to be a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I hereby authorize the City of Norfolk, Nebraska to do a background investigation (including financial/credit check and motor vehicle/driver's license check) and a criminal investigation (felony/misdemeanor check), plus an educational degree (from the educational institution or from Clearinghouse) and employment check on me for employment purposes.

I further authorize the release of information concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become an employee of the City of Norfolk, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

A photocopy, fax or document in pdf format of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Driver's License No.